AMENDMENTS TO THE SPECIFICATION

Please replace paragraph 2 with the following paragraph:

An exemplary lead and sheath assembly suitable for positioning in the human body includes a lead body, a sheath surrounding the lead body, one or more conductors embedded in the lead body and one or more conduits that allow for a flow of adhesive or an adhesive component to a site in the human body to thereby secure one or more electrodes in electrical contact with at least one of the conductors. Various methods, devices, systems and/or other assemblies are also disclosed.

Please replace paragraph 57 with the following paragraph:

Referring again to the various illustrations of Fig. 7, in an extrusion step 710, an adhesive 712 is delivered from the lead 304 to a site on the tissue 102. In the step 710, the distal end of the lead 304 and/or the mesh 302 contacts the tissue 102 or is proximate to a site on the tissue 102. After delivery of the adhesive 712, in a contact step 720, the lead is positioned to ensure contact with the tissue 102 or to ensure contact with the adhesive 712, which is in contact with the tissue 102. The contact step 720 allows the adhesive 712 to secure the lead 304 (e.g., optionally via the mesh 302) to the tissue 102 or to secure the lead 304 in a position proximate to the tissue 102. Thereafter, a tissue growth step 730 optionally follows wherein growth of tissue 716 occurs at the site where the lead 304 has been secured, which may further secure the lead 304 at the site. The mesh 302 may provide a network for tissue in-growth. Various exemplary leads include a mesh that provides a network for tissue in-growth and an additional function, such as, but not limited to, immunochemical delivery, initiation of a reaction, co-reactant of a reaction, co-conductor of an electrode, etc.

Please replace paragraph 60 with the following paragraph:

A sheath removal step 830 occurs after delivery of the radiation delivery step 820. The sheath removal step 830 typically occurs once the chemicals have formed a sufficient adhesive bond. As described above, a securing unit optionally includes one or more mechanisms that allow for translation of a sheath 406 with respect to a lead body. Of course, the channel conduits 412, 412' and the radiation conduit 416 may also be translated by one or more mechanisms associated with a securing unit.

Please replace paragraph 62 with the following paragraph:

In an extrusion step 910, a chemical component 912 is delivered from a channel of the lead 304 to tissue 102. Next, in a current or electro and/or magnetic radiation delivery step 920, the two electrodes 310, 310' form a current circuit and/or emit radiation proximate to and/or including the chemical component 912 and optionally the tissue 102. The delivery of current and/or radiation may act to initiate, decelerate, and/or accelerate one or more chemical reactions involving the chemical 912 and/or other chemicals of the tissue 102, the lead 304, the electrodes 310, 310', etc. In general, such chemical reactions cure the chemical 912 and thereby allow for formation of an adhesive bond between the lead 304 (e.g., the lead and/or one or more of the electrodes 310, 310') and the tissue 102. In turn, the formation of the adhesive bond secures the lead 304 to a site on the tissue. Of course, the method 900 (or various other exemplary methods) may secure a lead to a site within tissue. A curing step 930 allows the chemical or chemicals to cure after being subject to current and/or radiation. Tissue growth 916 optionally occurs at the site where the lead 304 is secured, which may further secure the lead 304 at the site. Tissue growth typically depends on the type of adhesive used and/or the tissue environment.

Please replace paragraph 65 with the following paragraph:

Exemplary adhesives may be selected from a wide range of materials, including those that rely on molecular cross-linking (e.g., glues) and/or mechanical interlocking (e.g., cements). For example, adhesives optionally include collagen materials (e.g., AVITENE® adhesive, C.R. Bard, Inc., Murray Hill, New Jersey; SURGICEL® adhesive, Johnson & Johnson Medical, Inc., Arlington, Texas; GELFOAM® adhesive, Upjohn Company, Kalamazoo, Michigan) and/or other fibrin materials, which may include cryoprecipitate, thrombin, calcium, etc. Regarding fibrin materials (e.g., fibrin glues), these typically function by reproducing stages of clotting and lead to formation of a stable fibrin clot from fibrinogen. Some fibrin glues include multiple components (e.g., fibrinogen components, thrombin components, calcium components, clotting components, anti-enzymatic components, radiation active components, antibiotic components, etc.), which can be mixed together at a delivery site or shortly prior to delivery. Of course, other exemplary adhesives may also include multiple components. One exemplary fibrin-based adhesive includes a fibrinogen and thrombin component and a calcium component. Another commercially available exemplary adhesive FIBRX® adhesive (Cryolife, Inc., Kennesaw, Georgia) is a light-activated fibrin adhesive consisting of human fibrinogen and thrombin incorporating an inhibitor that retards the polymerisation of fibrinogen by thrombin to form the clot until the mixture is exposed to light. Light exposure results in evaporation of the inhibitor enabling clot formation. Yet other adhesives rely on laser assist (e.g., laser-assisted cryoprecipitate bonding, etc.).

Please replace paragraph 67 with the following paragraph:

Yet other adhesives include gelatin-based glues (e.g., provided as or capable of forming hydrogels), such as, but not limited to, polyethylene glycol-based hydrogels (e.g., FOCALSEAL® adhesives, Focal, Inc., Lexington, MA), gelatin resorcinol glue (e.g., gelatin, resorcinol, formaldehyde, and optionally glutaraldhyde), which has found use in reinforcing fragile tissues of acute aortic dissections. FOCALSEAL® adhesives are provided as a liquid and polymerize to a solid gel when exposed to light. FOCALSEAL® adhesives are typically applied in stages (i) application of primer; (ii) application of sealant; and (iii) delivery of radiation, which results in polymerization in approximately 40 seconds to approximately 60 seconds, depending on conditions. FOCALSEAL® adhesives having long-term degradation (e.g., 1 year) and short-term (e.g., 6 months) degradation are commercially available. In general, the FOCALSEAL® adhesives are absorbed by the body during degradation compared to other adhesives which are not degraded or absorbed. In general, gelatin-based glues provide greater bonding strength than fibrin-based glues.